FORM **A 19-1A**(Rev. 5/91)

STATE OF WASHINGTON

INVOICE VOUCHER

AGENCY USE ONLY								
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.						
2280								

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Washington State Traffic Safety Commission 1000 South Cherry Street P. O. Box 40944 Olympia, WA 98504-0944

VENDOR OR CLAIMANT (Warrant is to be payable to)

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INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY	*	
	(SIGN IN INK)	*
*		
	(TITLE)	(DATE)

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	DATE		DESCRIPTION											QUAN	ITITY	UNIT PRICE	AMOUN	NT	FOR AGENCY USE	
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			CFI	DA # 2	20.60)4												Total		
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ACCOUNTING APPROVAL FOR PAYMENT DATE												WARRANT T	OTAL	WΔD	RANT NUMBER					
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